

**COMBINED DECLARATION FOR PATENT APPLICATION
AND POWER OF ATTORNEY**

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PD- CY-Y0081

- ☒ Original
☐ Continuation
☐ Division
☐ Continuation-in-part
☐ Supplemental
☐ PCT
☐ Design

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled **Streaming Media Services**

the specification of which

(check one) ☒ is attached hereto
☐ was filed on _____ as _____
Application Serial No. _____ and (a) [other than supplemental] was amended
on or (b) [supplemental] with amendments through _____

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of the application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Priority Claimed

| | | | | |
|-----------------|------------------|-------------------------------|---------------------------------|--------------------------------|
| _____ Number | _____ Country | _____ Day/Month/Year filed | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|-----------------|------------------|-------------------------------|---------------------------------|--------------------------------|

I hereby claim the benefit under Title 35, United States Code, §120 of any United States applications(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

| | | |
|---------------------------------|----------------------|---|
| _____ Application Serial No. | _____ Filing Date | _____ Status (patented, pending, abandoned) |
|---------------------------------|----------------------|---|

I hereby appoint the following attorneys, or agent and attorneys, to prosecute the application and to transact all business in the Patent and Trademark Office connected therewith:

Kenneth W. Float, Registration No. 29,233
Anthony W. Karambelas Registration No. 25,657

Address telephone calls to Kenneth W. Float at (949) 459-5519. Address correspondence to Joyce Kosinski, Patent Administrator, Loral Space and Communications, 655 Deep Valley Drive, Suite 303, Rolling Hills Estates, CA 90274.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

| | | |
|--|----------------------|------------------------------|
| FULL NAME OF SOLE OR FIRST JOINT INVENTOR David S. Puente | INVENTOR'S SIGNATURE | DATE |
| RESIDENCE 3230 Saint Florence Terrace Olney MD 20832 | | CITIZENSHIP U.S.A. |
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| FULL NAME OF JOINT INVENTOR Jeffrey Rule | INVENTOR'S SIGNATURE | DATE |
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| POST OFFICE ADDRESS | | |
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| POST OFFICE ADDRESS | | |